



Water Resources Program
Application for a Water Right Permit

For Ecology Use
(Date Stamp)
DEPT. OF ECOLOGY
APR 15 2010

☒ SURFACE WATER ☐ GROUND WATER ☒ PERMANENT
☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: Maughan ET AL LLC	Phone No: 509-932-4050	Other No: 509-932-5700
Address: 22591 Rd M SW		
City: Mattawa, Wa 99349	State:	Zip:
Email Address (optional):		

Contact Name (if different from above): Nathan Maughan / Gary Maughan	Phone No: 509-890-4400	Other No:
Relationship to Applicant: Member/Manager		
Address: 22591 Rd M SW		
City: Mattawa	State: Wa	Zip: 99349
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Maughan ET AL LLC	Phone No: 509-932-4050	Other No:
Address: 22591 Rd M SW		
City: Mattawa	State: Wa	Zip: 99349
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: To take property from
rangeland / dryland farming to irrigated land.
Possible Frost Protection use (Although Not expected)
Anticipated length of time to complete your project: 5yrs From water rights issue

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Agriculture	80,000 GPM	3.5 AF/Acre	Seasonal
TOTAL:			

4320 Acres x 3.5 AF/yr
= 29120 AF/yr

For Ecology Use	APPLICATION NO: <u>S3-30621</u>	SEPA: Exempt/Not Exempt <u>Not Exempt</u>
	Fee Paid: <u>4-15-2010</u> Check No: <u>2522 \$50.00</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned <u>4-2010</u>	By <u>KAR</u>	Priority Date By <u>WR1A: 36</u>

Franklin County

RECEIVED

APR 19 2010

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source

☐ Spring ☒ Creek ☐ River ☐ Lake

☐ Other: _____

Source Name: Lower Crab Creek

Tributary to: Columbia River

Number of proposed diversion points: 1 To 4 As needed

Do you have an existing diversion? ☐ YES ☒ NO

B.) If Ground Water Source

☐ Well(s) ☐ Other: _____

Well diameter & depth: _____

Number of proposed points of withdrawal: _____

Do you have an existing well? ☐ YES ☐ NO

If available, attach Water Well Report and pump test.

Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	1/4	1/4	Section	Township	Range	County
<u>150950000</u>			<u>36</u>	<u>16N</u>	<u>24E</u>	<u>Grant</u>
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

2700 Feet (☒ North/☐ South) and 200 feet (☐ East/☒ West) Distances are Approximate
from the (☐NW ☐SW ☐NE ☐SE ☐) corner of Section 36 Just SW of where Old Milwaukee
ROW crosses Crab creek in S. 36

Parcel No.	1/4	1/4	Section	Township	Range	County
<u>150949000</u>			<u>36</u>	<u>16</u>	<u>24E</u>	
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

2,600 feet (☒ North/☐ South) and 2,600 feet (☐ East/☒ West)
from the (☐NW ☐SW ☐NE ☒SE ☐) corner of Section 36

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide the owner name(s), address, and phone number: Mike Brown (Brown Boys Feed Inc)

12088 Rd 11 SW Royal City, Wa. 99357

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

See Attached Map + Parcel Description

All in Grant County

1/4	1/4	Section	Twp.	Range	County	Parcel No.

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____	Check No: _____
ECY Coding: 001-001-WR1-0285-000011		
Date Returned _____	By _____	Priority Date _____
		By _____
WRIA: _____		

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO
If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): 10,000 hp turbine pump stations

55 zymatic circles + solid set irrigation

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 8320 ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: Irrigation only

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☒ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

7-6-2010
120 AF of H2O
9-15-25
Parcel
151358000

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Access to site via private
roads. Go to 22591 Rd M SW Mattawa, Wa 99349
and ask for Nathan to guide/give tour/directions
509-840-4400 - Nathan cell

Site Address: 22591 Rd M SW Mattawa, Wa 99349

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Nathan Maughan
Print Name
(Applicant or authorized representative)

Nathan Maughan
Signature

Date

Maughan E&A LLC
Print Name
(Legal Owner or Part Owner Place of Use)

Nathan Maughan (Manager)
Signature

Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name
(Legal Owner or Part Owner Place of Use)

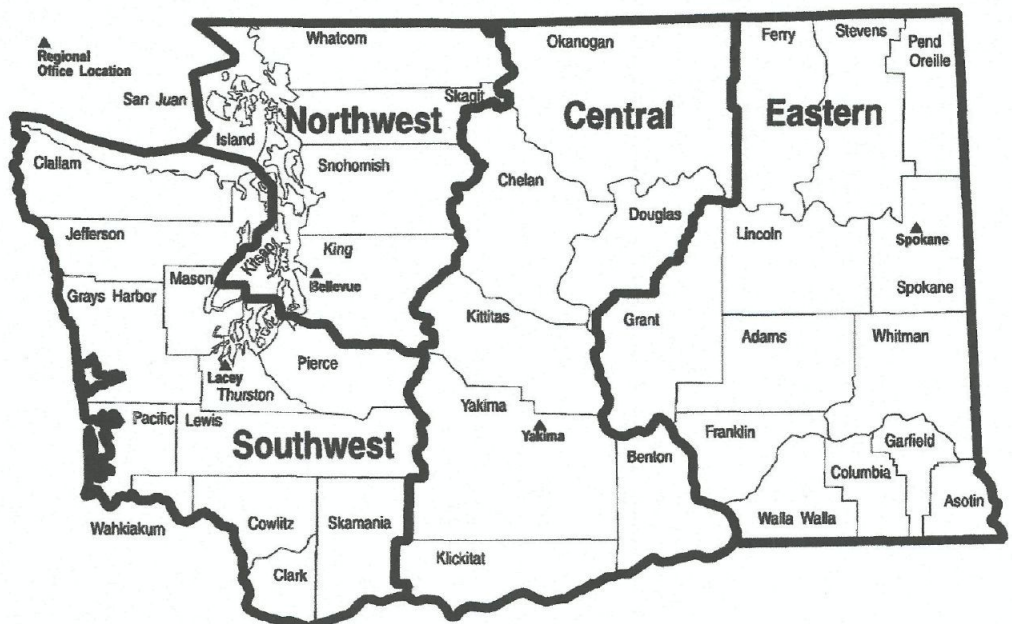
Signature

Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



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